

Green Choice Program Customer Application

Customer Name: _____**Phone:** _____**Street Address:** _____**Belmont Light Account #:** _____**Email:** _____**Account Type:** **Residential** **Commercial** **Municipal**

Please select the dollar amount you would like to contribute to the Green Choice Program each month. This additional charge will appear on your monthly bill.

- | | |
|--------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> \$3/month | <input type="checkbox"/> \$6/month |
| <input type="checkbox"/> \$12/month | <input type="checkbox"/> \$18/month |
| <input type="checkbox"/> \$24/month | <input type="checkbox"/> \$30/month |
| <input type="checkbox"/> \$36/month | <input type="checkbox"/> \$42/month |

Other Amount: \$ _____/month

As the pricing of Renewable Energy Credits are market-based, the impact of your contribution on Belmont Light's power supply portfolio will depend on market conditions at the end of each Green Choice Program year. To estimate your impact in kilowatt-hours based on current RECs pricing, please visit:

<https://www.belmontlight.com/residential-programs/green-choice-program>

Until further written notice, the below signature authorizes Belmont Light to add the chosen amount on my electric bill, as directed above.

I have read and understand the eligibility requirements of this application and hereby declare that I meet those requirements.

Signature: _____**Date:** _____

**Mail completed application to:
Belmont Light Green Choice Program
40 Prince Street
Belmont, MA 02478-1927**

**Or email completed application with
subject line "Green Choice Program" to:
CustomerService@belmontlight.com**

Please DO NOT include this form with your electric bill payment.